

HARIT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0672-13-0713 Parcel #: 04 0672 0004 02 Application #: 11-5-27536R Subdivision: SMB Lot #: 2

Applicant Name: Michael Chisek
Address: 367 Sherman Lakes Dr

Type of Facility Served by Well: SFD

Sewage System: Manitee to 25% Reduction

Permit Conditions: _____

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent James E. Markant Date 2-14-13

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
Disinfection: Type _____ Amount _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

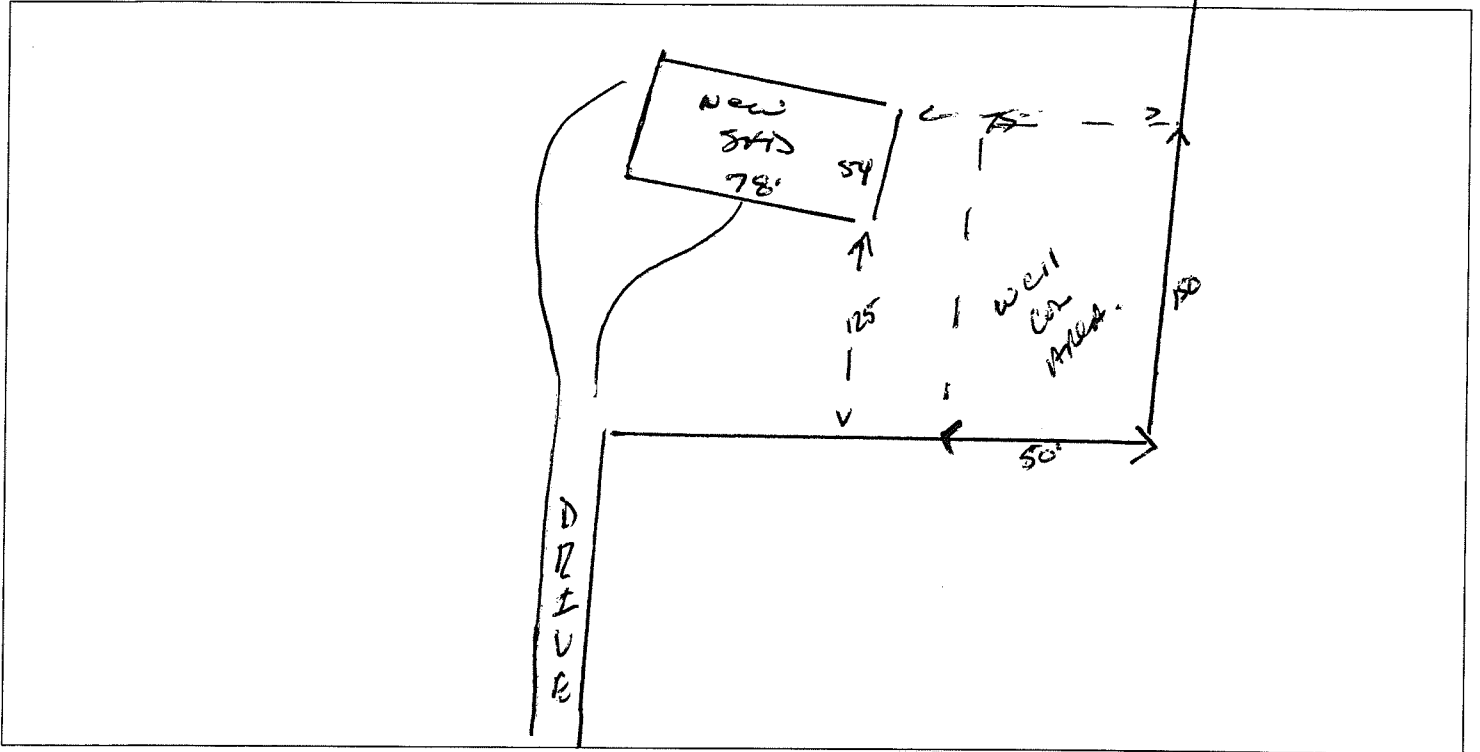
Casing Height: 19 (above finished grade) Access Port: ✓ Vent Stack: _____
Well ID Tag: ✓ Pump ID Tag: ✓ Sampling Tap: _____ Backflow Preventer: ✓
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent James E. Markant Date 10-6-14

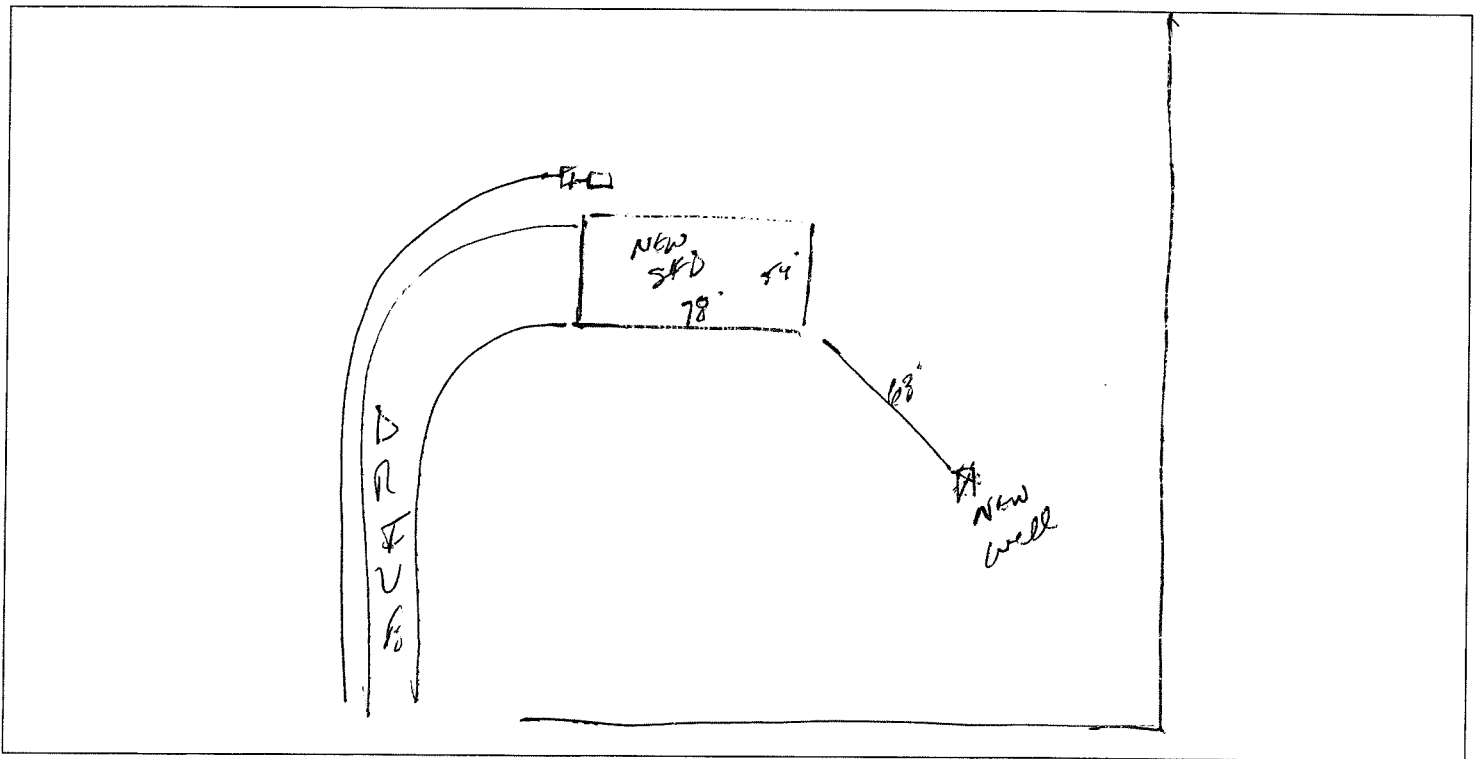
See Attachment for completion sketch

Well Construction Sketch



301510 Matt Mill Pond Rd.

Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Michael Nanney

Well Contractor Name

3467-A

NC Well Contractor Certification Number

Bill's Well Drilling Co. Inc.

Company Name

2. Well Construction Permit #: 11-5-27536R

List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

- Agricultural Municipal/Public
- Geothermal (Heating/Cooling Supply) Residential Water Supply (single)
- Industrial/Commercial Residential Water Supply (shared)
- Irrigation

Non-Water Supply Well:

- Monitoring Recovery

Injection Well:

- Aquifer Recharge Groundwater Remediation
- Aquifer Storage and Recovery Salinity Barrier
- Aquifer Test Stormwater Drainage
- Experimental Technology Subsidence Control
- Geothermal (Closed Loop) Tracer
- Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: 1-27-14 Well ID# _____

5a. Well Location:

Michael & Andrea Chisek

Facility/Owner Name

Facility ID# (if applicable)

2514 Matthews Mill Pond Rd, Angler, NC 27501

Physical Address, City, and Zip

Harnett

0672-13-0713

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

6. Is (are) the well(s): Permanent or Temporary

7. Is this a repair to an existing well: Yes or No

If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 145 (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: +2 - Artesian Well (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 10 (in.)

12. Well construction method: Mud Rotary

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 60 Method of test: Air

13b. Disinfection type: HTH Amount: 2 lbs

For Internal Use ONLY:					
14. WATER ZONES					
FROM	TO	DESCRIPTION			
115 ft	118 ft	Quartz			
130 ft	135 ft	Blue Rock			
15. OUTER CASING (for multi-cased wells) OR PIPELINE (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
+1 ft	105 ft	6-1/4 in.	13lb	steel	
16. INNER CASING OR TUBING (geothermal closed loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
ft.	ft.	in.			
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
18. CEMENT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft	3 ft	Cement	poured		
3 ft	20 ft	bentinite	pumped		
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft	1 ft	Topsoil			
1 ft	5 ft	Orange Clay			
5 ft	8 ft	Gray Sand			
8 ft	56 ft	Red Clay			
56 ft	102 ft	Red & Gray Clay			
102 ft	105 ft	Soft Gray Rock			
105 ft	145 ft	Blue Rock			
21. REMARKS					

22. Certification:

Michael Nanney 1-27-14
Signature of Certified Well Contractor Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.